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DECLARATION AND POWER OF ATTORNEY FOR APPLICATION FOR UNITED STATES PATENT

where the my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NONVOLATILE SOLID-STATE MAGNETIC MEMORY, METHOD FOR CONTROLLING COERCIVE FORCE OF NONVOLATILE SOLID-STATE MAGNETIC MEMORY, AND METHOD FOR RECORDING IN NONVOLATILE described and claimed in the specification:

SOLID-STATE MAGNETIC MEMORY Check one

\*a. □ attached hereto.

b. A filed on July 16, 2003 as Application Serial No. 10/619,457

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2002-212,000 filed July 22, 2002

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; and Edward P. Walker, Reg. No. 31,450.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full Name of Sole or First Inventor	Hideo	OHNO
Gi	iven Name / / Middle/Initial	Family Name
Inventor's Signature	· Media U_	
Date of Signature	August 29, 2003	
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Citizenship Japanese	State or Province	Country
Post Office Address	3-33-10, Katsura, Izumi-ku, Send	ai City, Miyagi Pref.,
(Insert complete mailing address, including country)	Japan	

\*If Box a. is checked, this form may be executed only when attached to the specification (including claims) at the end thereof.

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

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## (Discard this page in a sole inventor application)

1	Typewritten Full Name of Joint Inventor	Fumihiro	MAT	SUKURA
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2	Inventor's Signature	- tun him	Malsiforna.	
3	Date of Signature	August 2		
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1	Typewritten Full Name of Joint Inventor	Daichi Given Name	CH: Middle Initial	IBA Family Name
2	Inventor's Signature	Daic	h Chiba	•
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1	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
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1	Typewritten Full Name of Joint Inventor			
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	Citizenship		-	
	Post Office Addre (Insert complete mailing address, including cour	ng		
1	Typewritten Full Name of Joint Inventor			
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<b>.</b>	Date of Signature			<u> </u>
	Residence City	State or Provin	nce	Country
	Citizenship			•
	Post Office Addre (Insert complete mailing address, including cour	ng		
	Note to Inventor: Plea insert the actual date	se sign name on lin of signing on line	ne 2 exactly as it app	ears in line 1 and
	This form may be execu and Power of Attorney	ted only when attached of the application	hed to the first page to which it pertains.	of the Declaration